PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JAN -2 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000270

1. Limited Liability Company's Name
CLARIDGE MANAGEMENT LC

700004761777--7
-01/09/02--01029--007
****155.00 ****155.00

2. Principal Office Address		**3.** Mailing Office Address	
3500 COLLINS AVE.		3500 COLLINS AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI BEACH, FL		MIAMI BEACH, FL	
Zip	Country	Zip	Country
33140	DADE	33140	DADE

4. State/Country of Formation
FL / DADE

5. Date Organized or Qualified To Do Business in Florida 03/02/98

6. FEI Number 65-0816254 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
RICARDO MARTINEZ-CID

Street Address (P.O. Box Number is Not Acceptable)
1699 CORAL WAY

REINSTATEMENT

Suite, Apt. #, Etc.
SUITE 510

City	State	Zip Code
MIAMI	FL	33145

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 12/28/01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGRM	INTERVENTO INVESTMENTS LTD	HODGE PLAZA 2ND FLOOR UPPER MAIN STREET, WICKHAMS 1	TORTOLA, B.V.I.
MGRM	STARCOVE LIMITED	HODGE PLAZA 2ND FLOOR UPPER MAIN STREET, WICKHAMS 1	TORTOLA, B.V.I.
PRES	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
SEC.	MANUEL SABIDO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
TRES.	MARIA TERESA REQUERO	3500 COLLINS AVE.	MIAMI BEACH, FL 33140
MGR	RAUL DURANT	3500 COLLINS AVE.	MIAMI BEACH, FL 33140

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 12/28/01 Daytime Phone # 305-604-8485

Typed or printed name of signing Managing Member/Manager PRESIDENT

CR2E041 (9/01)